

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10/01/2010</u> through <u>10/16/2010</u>	Date of election if applicable (Month, Day, Year) <u>OCT 21 2010</u> CITY OF SANTA MARIA BY: <u>[Signature]</u> City Clerk	Date Stamp FILED Page <u>1</u> of <u>10</u> For Official Use Only
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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER

1329293

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council 2010

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455

805-934-5737

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93454

805-934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent J. Benedetti, CPA

MAILING ADDRESS

2151 S. College Dr. Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93454

805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10-21-2010

Date

Executed on

10-21-2010

Date

Executed on

Date

Executed on

Date

By

Trent Benedetti

Signature of Treasurer or Assistant Treasurer

By

Alice M. Patino

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Type or print in ink.

COVER PAGE - PART 2

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA
FORM

460

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			
2624 Airpark Dr. Santa Maria, CA 93455			

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 10/01/2010

through 10/16/2010

CALIFORNIA
FORM 460

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

I.D. NUMBER

1329293

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1. Monetary Contributions	Schedule A, Line 3	\$ 3,284.00	\$ 9,099.00	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	1,200.00	1,200.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	4,484.00	10,299.00		
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	4,484.00	10,299.00		

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 7,936.13	\$ 8,962.84		
7. Loans Made	Schedule H, Line 3	0.00	0.00		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	7,936.13	8,962.84		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00		
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00		
11. TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10	7,936.13	8,962.84		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4,788.29			
13. Cash Receipts	Column A, Line 3 above	4,484.00			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00			
15. Cash Payments	Column A, Line 8 above	7,936.13			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	1,336.16			

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00			
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 1,200.00			

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/01/2010
through 10/16/2010

Page 4 of 10

I.D. NUMBER
1329293

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2010	Larry Ferini 2940 W. Betteravia Rd. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Larry Ferini Farms	500.00	500.00	G10 500.00
10/06/2010	Mark J. Smith 2011 S. Broadway Ste. J Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Mark J. Smith	500.00	1,505.00	G10 1,505.00
10/06/2010	Michael Towbes P. O. Box 20130 Santa Barbara, CA 93120-0130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer The Towbes Group, Inc.	250.00	250.00	G10 250.00
10/12/2010	Yoe Centeno for Supervisor (#1238073) 403 St. Andrews Way Santa Maria, CA 93455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G10 500.00
10/12/2010	Nancy Stewart 614 E. Rose Ave. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G10 100.00
SUBTOTAL \$				1,850.00		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,100.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 184.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,284.00

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/01/2010
through 10/16/2010

CALIFORNIA
FORM
460

Page 5 of 10

NAME OF FILER
Alice Patino for City Council 2010
I.D. NUMBER
1329293

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2010	Carl W. Engel Jr. 415 Wisteria Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trucking Engel & Gray, Inc.	250.00	250.00	G 10 250.00
10/13/2010	Steven F. Will 2849 Lorencita Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00	1,000.00	G 10 1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,250.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 10/01/2010		CALIFORNIA FORM 460	
through 10/16/2010		Page 6 of 10	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

I.D. NUMBER

1329293

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Alice M. Patino 609 W. Mill St. Santa Maria, CA 93458	Council Member City of Santa Maria	0.00	1,200.00	0.00	1,200.00	0.00%	1,200.00	1,200.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					12/31/2011 DATE DUE	0.00	10/13/2010 DATE INCURRED	1,200.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	0%	DATE INCURRED	PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	0%	DATE INCURRED	PER ELECTION**
SUBTOTALS \$		\$	\$	\$	\$	\$	\$	\$

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460
NAME OF FILER Alice Patino for City Council 2010		Page 7 of 10 I.D. NUMBER 1329293

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Morrison Media Services P. O. Box 5186 Santa Maria, CA 93456	RAD		3rd party; radio ads	1,960.00
United States Postal Service 201 E. Battles Santa Maria, CA 93454	POS		Postage	1,498.19
VTC Enterprises, Inc., 2445 'A' St. Santa Maria, CA 93456	LIT		Advertising cards	1,483.94

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,942.13

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 7,936.13
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 7,936.13

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460
		Page 8 of 10
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Alice Patino for City Council 2010		I.D. NUMBER 1329293

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| UT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Morrison Media Services P. O. Box 5186 Santa Maria, CA 93456	RAD		3rd party; radio ads	2,994.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,994.00

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

CALIFORNIA
FORM

460

Statement covers period
from 10/01/2010

through 10/16/2010

Page 9 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Morrison Media Services

I.D. NUMBER

1329293

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Dorado Broadcasters / KSMX Radio 2215 Skyway Dr. Santa Maria CA 93455	RAD		Radio ads	864.00
El Dorado Broadcasters / KSNL Radio 2215 Skyway Dr. Santa Maria CA 93455	RAD		Radio ads	160.00
Knight Broadcasting / KUHL Radio 1101 S. Broadway Santa Maria CA 93454	RAD		Radio ads	936.00
American General Media / KBOX Radio 2325 Skyway Dr. Ste. J Santa Maria CA 93455	RAD		Radio ads	720.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,680.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

CALIFORNIA
FORM

Statement covers period
from 10/01/2010
through 10/16/2010

460

Page 10 of 10

I.D. NUMBER
1329293

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Morrison Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Dorado Broadcasters / KSMX Radio 2215 Skyway Dr. Santa Maria CA 93455	RAD		Radio ads	759.00
El Dorado Broadcasters / KSNL Radio 2215 Skyway Dr. Santa Maria CA 93455	RAD		Radio ads	790.00
Knight Broadcasting / KUHL Radio 1101 S. Broadway Santa Maria CA 93454	RAD		Radio ads	725.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 2,274.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.